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Atty Docket No. 020582-000600US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner James A. Kramer

Group Art Unit 3627

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Documents Attached

1. Transmittal Form (1 p)
2. Petition for Extension of Time (1 p in duplicate) (2 pp)
3. Amendment (16 pp) with attached Appendix A (2 pp)
4. This Certification of Facsimile Transmission (1 p)

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Dated: November 29, 2006


Eleanor J. Taylor

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PTO/SB/21 (07-06)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/832,513
	Filing Date	April 10, 2001
	First Named Inventor	Bundy, Reza S.
	Art Unit	3627
	Examiner Name	James A. Kramer
Total Number of Pages in This Submission	Attorney Docket Number	020582-000600US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certification of Facsimile Transmission Appendix A
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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Signature	<i>Daniel Mao</i>		
Printed name	Daniel Mao		
Date	November 29, 2006	Reg. No.	51,995

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